1 (M)	MARYLAND STATE DE DIVISION OF STATISTICAL RESEARCH AND RECORD	PARTMENT OF HEALTH S, 301 W. PRESTON STREET, BALTIMO	RE 1. MARYLAND
12 Na		E OF DEATH	08930
Pages 1 and 2 nours after death.	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If ins a. STATE b. COUN	
-	ST. MARYS MARYLAND b. CITY OR TOWN (if outside corporate limits, c, LENGTH OF STAY IN 1b	MARYLAND	ST.MARYS
	write RURAL and give nearest town) MECHANICSVILLE	c. CITY OR TOWN (If outside corporate limits, wr	ITE RURAL and give nearest town,
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADORESS	e. IS RESIDENCE ON A FARM?
=			YES NO
	3. NAME OF First Middle DECEASED (Type or print) KATHARINE CLAY	ADAMS 4. DATE Month OF DEATH JUNE	
-	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years)	3 19 66 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
ı	FEMALE WHITE WIDOWED X DIVORCED	7/16/ 1870 95 yrs.	Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
L	HOUSEWIFE DOMESTIC	MARYLAND	USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
L	HENRY C.ADAMS	ALICE O.BRAWNER	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17.	INFORMANT Addres	S
-		RS.ALICE M.OSTERHOUT - MECH	HANICSVILLE, MD.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)		WYB
1	Conditions If any which I		
	Conditions, If any, which gave rise to immediate (b)		
1	cause (a), stating the DUE TO underlying cause last.		
		ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY
I	CAT		PERFORMED?
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEASE 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPANT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II o	
	Hour a.m. While Not While fact	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.)	(County) (State)
	21. I certify that (I) (this hospital) attended the deceased from	July 1953 to June	3, 1966, that (I) (we) las
		at death occurred at 6 AM, from the causes	
1	22a. SIGNATURE		22b. DATE SIGNEO
1	Lun Vembe M		6/4/66
	22c. PHYSICIAN'S NAME (Type) LEON W.BERUBE M.D.	22d. ADORESS MECHANICSVILLE, MD.	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, to	own or county) (State)
	BURIAL 6/6/66 ALL FAITH C	EMETERY CHARLOTTE	HALL MD.
1	24, FINERAL ORECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE
ļ	JOHN M. WELCH - LEONARDTOWN, MD.	DALUN 7 1966 gc	iarles Judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY ST. MARY S ST. MARY'S by the MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b 24 hours PINEY POINT .= DAYS RURAL LEONARDTOWN filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within ST. MARY'S HOSPITAL NO X executed within pou NAME OF Year Middle Last 4. DATE remove carby DECEASED OF DEATH (Type or print) 19 REGONAL BLACKWELL JUNE JOSEPH 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED J DIVORCED JUNE 19.1966 NEGRO sician a ease r 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR UNDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. MARYLAND certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSEPH G. EVANGALINE BLACKWELL 15. WAS DECEASED EVER INU.S. ARMED FORCES? 17. INFORMAN transit permit. 16. SOCIAL SECURITY NO. death (Yes, no, or unkown) (If yes give war or dates of service) MOTHER SAME AS # 18. CAUSE OF DEATH [Enter only one cause per,line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-transor to burial, cra DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. 98 CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTE GTO DEATH BUT NOT BALLETED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) AUTOPSY for use Health PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) detached f te Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work OR ATTENOIN be retained I P should ith the 21. I certify that (I) (this hospital) attended the deceased from M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE ATTENDING OIRE director, page should be filed DIRECTOR 4 may FUNERAL PHYSICIAN'S 22d. ADDRESS NAME (Type) MES P. GREAT MILLS, MARYLAND JARBOE D. (State) BURIAL, CREMATION. 1/23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 2 JUNE 26, 1966 ST. GEORGE ISLAND, MD ST. LUKES CEMETERY BURIAL 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Melanles W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND VR A15 (4) 20M 1/65

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W. LORKE MATERIAL EDWARDTOWN, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ST. MARYS MARYLAND ST. MARYS MARYLAND Department after death. cessary, funeral b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b may write RURAL and give nearest town) RURAL - CALIFORNIA LEONARDTOWN 5 1 e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS any delay, 2, and 3 to the PM3. Page State hours ST. MARYS HOSPITAL NO X YES RT.2 BOX 192 3. NAME OF First Middle DATE Month Day Year Last 4. DECEASED the 1966 (Type or print) RUSSELL ZELLAS BLOOM JUNE 18 DEATH with AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE **EXAMINER:** This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, nould be forwarded to the Chief Medical Examiner's Office along with form DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED last birthday) Months | Deys Hours Min. ent w WIDOWED DIVORCED ! MALE WHITE 69 JUNE 18.1897 10e. USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRY? ENGINEER - RETIRED RATLROAD USA PENNA. any pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES BLOOM WOLFORD **EMMA** File 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) permit. I MRS.DOROTHY JENKINS - SAME AS #2 NO 705 09 2415 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) DUE TO Conditions, if env. which (b) gave rise to immediate DUE TO (a), stating the Q underlying cause last. (c) used as to burial, WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO X YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Pa 3 shoul CAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. MEDI While Not While CTOR: Page designated 19 at work at work X and in my opinion should 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry please director. Page retained for your more TO FUNERAL DIRECTOR. P. Homicide Undetermined manner Natural causes X. Suicide death resulted from: Accident 6/19/66 CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** P.J.BEAN M.D. GREAT MILLS.MD. Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 1 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY 23a. REMOVAL (Specify) 6/21/66 GREENHILL CEMETERY BERRYVILLE, VIRGINIA REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS Melianles 1966 VR A15ME LEONARDTOWN 3500 4-64

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	1 (M)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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0	, 2e e	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
		ST. MARY'S HOSPITAL RT 1 BOX 70 YES NO X
	rang completely fill remove carbon pap	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) ABRAHAM BUTLER DEATH JUNE 11, 1966
	eve eve	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS Iast birthday) Months Days Hours Min.
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	mit.	(Yes, no, or unkown) (If yes give war or dates of service)
-	the attending print permit. Then nation, or removen	No FLORINE BUTLER SAME AS # 2. ABOVE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cevely: The box is a constant of the constant o
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	pita pita d fo of h	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. Describe How Injury Occurred. (Enter nature of Injury In Part I or Part II of Item 18.) UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. Describe How Injury Occurred. (Enter nature of Injury In Part I or Part II of Item 18.)
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	After the State	
	inecould outdethe	21. I certify that (I) (this hospital) attended the deceased from The 1966, to 6/10, 1966, that (I) (we) last saw the deceased alive on 6/10, and that death occurred at FM, from the causes and on the date stated above
	Shorth vith	saw the deceased alive on 6/1/3/ 19, and that death occurred at 7 M, from the causes and on the date stated above
	DIR Bed of	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.
	May MAL AL Pa	22c. PHYSICIAN'S 22d. ADDRESS
	PROPERTY OF ALLENDING PHISICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, ore	LEON W. DERUGE M. D. MEGHANICSVILLE, WARTLAND
	To Huspilat of Allenbing Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL JUNE 1966 ST. JOSEPHS CEMETERY MARYLAND
4	3	BURIAL JUNE 154 1966 ST. JOSEPHS CEMETERY M. RGANZA, MARYLAND 24. FUNERAL DIRECTOR ADDRESS 1258. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE
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	VR AI5 (4) 20M 1/65	W.CLARKE MATTINGLEY LEONARDTOWN, MARYLAND MARYLAND MARYLAND

E0084 ARYLAND 257. VERVE TIVEN .78. JUAN STROUMAND SYNC IT DI. MARY O HOSPITAL 01 x 08 11 T/ 2000 MAPARE LALY. Sel, 12 . T2 JOHOR DILYUH ATHON. . A. S. V MALLYRA Absent Franklin durings S ARTUON THE PROPERTY OF THE PARTY OF TH LEDY W. BERUSE V. U. MEGNAMI GEVILLE, MARYLAND BONIAL JUNE 13,1955 ST. JOHERMA CEUE TRY MARAZA, KARTEAU W. CLARKE MATTINGLEY LEGSAROTOWN, MARYLAND 100 1500 / Company Company

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 hours after death. PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Pages 1 urs after ST. MARY'S ST. MARY S MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) RURAL DRAYDEN DRAYDEN RURAL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 24 NOXX 00 YES within 3. NAME DE First Middle Last 4. DATE Month Day Year DECEASED (Type or print) EARL DEATH 19 19 LEONARD CARNES JUNE 66 executed 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED X NEVER MARRIED last birthday) | Months | Days Hours WIDOWED | DIVORCED May 20.1897 MALE WHITE 10a. USUAL OCCUPATION (Give kind of work done | 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ician during most of working life, even if retired) death certificate be INDUSTRY U.S.A. UNDER GROWN FOREMAN BALTI. GAS & LIGHT physi n ple 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal attending permit. Then CARNES ELLA CLARK ANNAIS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address the atten it permit. 0 (Yes, no, or unknwn) (If yes give war or dates of service) I-transit perm I, cremation, MRS LOLA H. CARNES SAME AS # 2 ABOVE INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the ONSET AND DEATH à PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed been signed the burial-tr DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the prior 1 underlying cause last. (c) 38 The law PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate NO T YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) of o OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detache MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While After d be d State ATTENDING p.m. 19 at work at work retained that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should led with the and that death occurred at 27 M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. ATTENDING MED. DIRECTOR director, pa HOSPITAL PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) P. J. BEAN M. D. GREAT MILLS. MARYLAND 23d, LOCATION (City, town or county) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. BURIAL (Specify) JUNE 22. 1966 ST. GEORGE EPISCOPAL VALLEY LEE. MARYLAND P BY REGISTRAR 625b. ADDRESS REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND VR AIS DATE 20M

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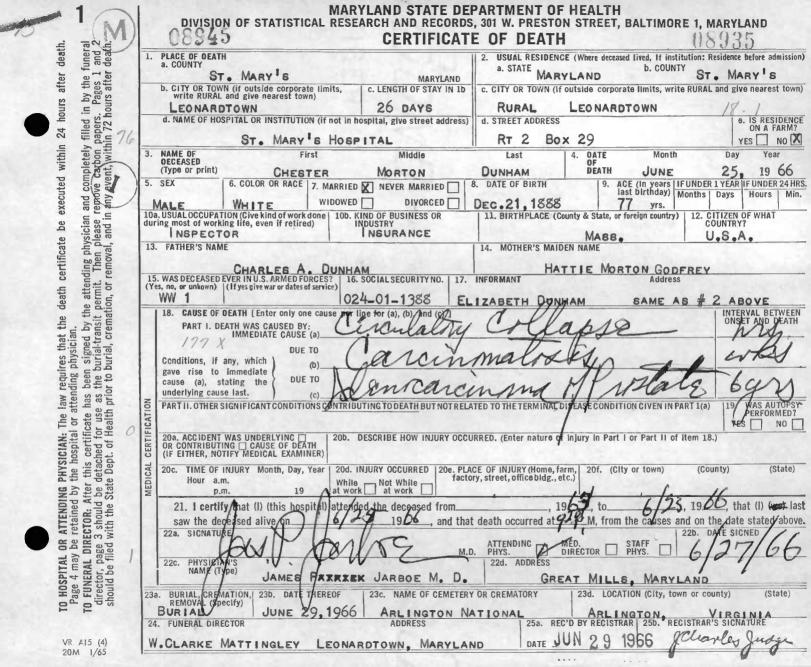
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY ST. MARY S ST. MARY S MARYLAND hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b RURAL CHAPT I CO RURAL CHAPT 1 CO LIFE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ve carbon papers. event, within 72 h d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 NO YES executed within NAME OF First Middle Last DATE Month Day Year DECEASED 30. 66 (Type or print) FENWICK DEATH JUNE 19 THURMAN JAMES 5. SEX 6. COLOR OR RACE ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Months Davs Hours APRIL 8, 1890 DIVORCED WIDOWED X COLORED MALE 1Da, USUAL OCCUPATION (Cive kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. MARYLAND CIVIL SERVICE death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then MARY JANE CLARK attendin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5 (Yes, no, or unkown) (If yes give war or dates of service) MK ALBERTA FENWICK 219-16-1163 transit perm cremation, SAME AS ABOVE 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed the burial-transit PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUF TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. as WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) for use Health PERFORMED? NO X YES 20a, ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.) tached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m 1965 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1956, and that death occurred at 650 M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF 0 Page 4 may 1 DIRECTOR M.D. 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS director, MECHANICSVILLE. ROY GUYTHER M.D. MARYLAND pluods 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION. (State) REMOVAL (Specify) ST. JOSEPHS CEMETERY BURIAL 4.1966 MORGANZA. MARYLAND JUNY ADDRESS 25a. REC'D BY RECISTRAR | 25b. RECISTRAR'S SICNATURE 24. FUNERAL DIRECTOR LEONARDTOWN. MARYLAND DATE W. CLARKE MATTINGLEY

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 1 after 6 a. STATE b. COUNTY after ST. MARY'S MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours DAYB = LEONARDTOWN. RURAL ABELL emove carbon papers, any event, within 72 t d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE filled ON A FARM? 24 ST. MARY S HOSPITAL YES ND X within letely 3. NAME DE Middie Last 4. DATE Month Day Year DECFASED (Type or print) MARION G. GIBSON DEATH 15, 19 66 compl JUNE executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED emove NEVER MARRIED last birthday) Months | Days Hours and MAY 1, 1893 WHITE MALE WIDOWED DIVORCED Yrs. Ξ 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician reference 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR pe during most of working life, even if retired) COUNTRY? INDUSTRY MARYLAND U.S.A. death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending primit. JAMES HENRY GIBSON EKKXMXXXXX MARY S. GOODE 17. INFORMANT ned by the attend al-transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) 248-38-8608 ELEANOR ROSE GIBSON ABELL. MARYLAND INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) signed burial-t burial, DUE TD Conditions, If any, which peen gave rise to Immediate the DUE TO cause (a), stating the prior underlying cause last. (c) SB CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY Health PERFORMED? certificate ND YES 0 PHYSICIAN: this ceru... detached for DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State I Hour a.m. Not While While After ATTENDING p.m. at work at work retained DIRECTOR: A age 3 should lied with the \$ 0 21. I certify that (I) (this hospital) attended the deceased from Q and that death occurred at 6 A.M. from the causes and on the date stated above. saw the deceased alive on. DATE SIGNED 22b. 22a. SIGNATURE pe page ATTENDING DIRECTOR may director, pag should be fill HOSPITAL PHYSICIAN'S 22d. ADDRESS NAME (Type) WILLIAM BOYD LEONARDTOWN, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF JUNE 18.1966 SACRED HEART CEMETERY BUSHWOOD REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR | 25b. FUNERAL DIRECTOR .CLARKE MATTINGLEY VR A15 (4) LEONARDTOWN, MARYLAND 20M 1/65

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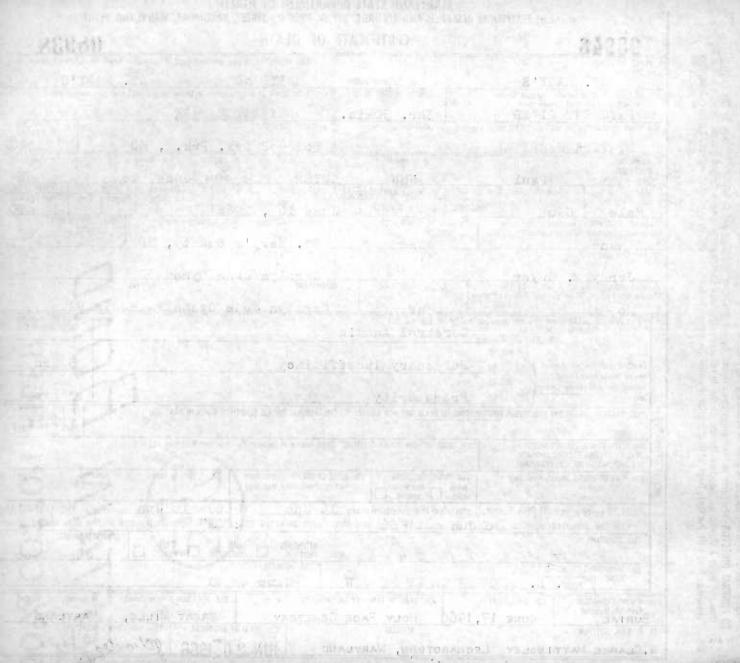
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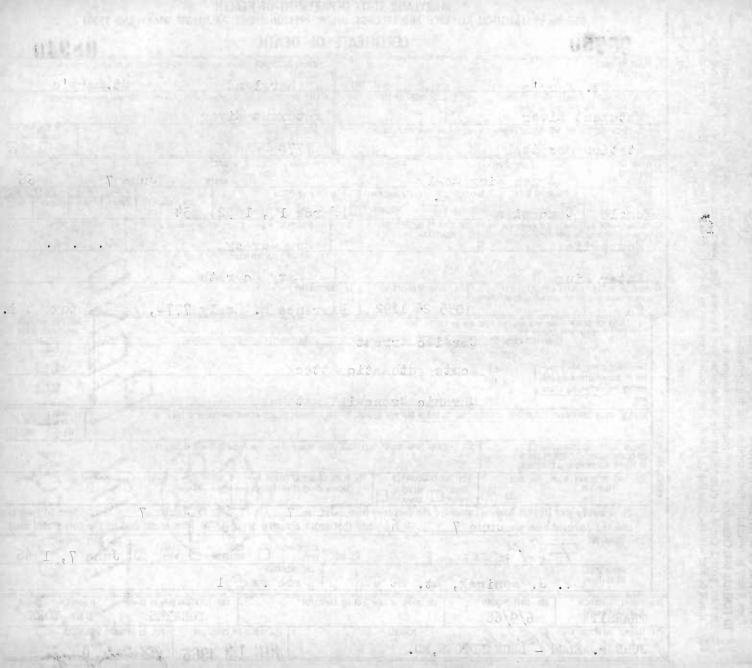
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NG PHY y the ho ter this e e detacl	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at wark of wark of wark 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (State)
ATTENDI fained b TOR: Aff hauld b th the Si		21. I certify that (I) (this hospital) attended the deceased from 16 Jun 1966, to 16 Jun , saw the deceased alive on 16 Jun 1966, and that death occurred at 4:00 AM, from causes and causes and causes and causes and causes and causes and causes are successful.	19 <u>00</u> , that (I) (we) las on the date stated above b. DATE SIGNED
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, creating.		ATTENDING MED. STAFF	6 June 1966
O HOSP Page 4 O FUNE director shauld	230	BURIAL (REMATION, REMOVAL (Specify) JUNE 17. 1966 BURIAL (REMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) GREAT MILLS	(County) (State)
VR A15 (4)		FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRA CLARKE MATTANCLEY 1 SONARDTOWN MARYLAND 1000 OCCUPAN	AR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and 2 death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY the start b. COUNTY hours after ST. MARYS MARYLAND ST. MARYS MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page hours write RURAL and give nearest town) CHAPTICO filled in LEONARDTOWN bon papers. within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ST. MARYS HOSPITAL NO X YES within completely 3. NAME OF First Middle DATE Month Day Year Last 4. DECEASED event, (Type or print) IRVING DEATH 15 19 66 ROBERT HARRISON SR. JUNE 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. етоме 7. MARRIED NEVER MARRIED 9. last birthday) Months Days Hours any WHITE WIDOWED MALE JULY 31,1890 = 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? physician on please r 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY be and FARMING - RETIRED FARM MARYLAND USA certificate 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME n signed by the attending burial-transit permit. The burial, cremation, or remov COLUMBUS HARRISON SARAH HIGGS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) | (If yes give war or dates of service) YES WWI MRS.MARY E.HARRISON 36 6944A CHAPTICO MARYLAND CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH been signed by DEATH WAS CAUSED BY: PHYSICIAN: The law requires that t the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate FUNERAL DIRECTOR: After this certificate has beer irector, page 3 should be detached for use as the nould be filed with the State Dept. of Health prior to DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use PERFORMED? YES NO V 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 120e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While be retained by ATTENDING p.m at work at work nel1 21. I certify that (I) (this hospital) attended the deceased from. 1966 that (I) (we) last saw the deceased alive on and that death occurred at 2 A M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENOING X Page 4 may t PHYS. M.D. PHYS. DIRECTOR PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) J. ROY MECHANICSVILLE, MARYLAND GUYTHER M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF (State) 2 REMOVAL (Specify) CHRIST CHURCH CEMETERY CHAPTICO, MARYLAND BURIAL 17/66 25b. REGISTRAR'S SIGNATURE 24/ FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR VR A15 (4) LEONARDTOWN . MARYLAND 15M 4-64

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edeath cert attending p ermit. The	(Yes, no, or unknown) (If yes give wor or dotes af service) 055 26 1192 I	Mary McGrath INFORMANT Address Pawrence M. Healy 777B, MEMQ Pat	uxentRiv
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FOR HOSPITAL Page 4 moy FO FUNERAL I director, pog should be fi	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	C CREMATORY 23d. LOCATION (City or Town) (County YONKERS NEW	YORK
VR A15 (4) . 20 M 1/66	JOHN M. WELCH - LEONARDTOWN, MD.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25b. REGISTRAR'S SIGNATU	Rt date



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	15.	WAS DECEASED EVER I	NKLIN CROWDE NU.S. ARMED FORCES?	1 16.	SOCIAL SECURITY NO. 17.	INFORMANT	ILBURN	Address		-
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08952 FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY o. STATE b. COUNTY ST. MARY 1s delay is and 3 to PM3. Page ot death. WASHINGTON. D. C. MARYLAND Department b. CITY OR TDWN (If outside corparate limits, write RURAL and give nearest town)
USHWOOD RURAL c. LENGTH OF STAY IN 16 c. CITY OR IDWN (If outside corporate limits, write RURAL and give nearest town) offer BUSHWOOD HRS d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? hours alang with farm MILL CREEK OFF THE WICOMICO RIVER NO X ate 13TH ST. S. 8. Give Pages 3. NAME OF First Middle Lost DATE Doy Year DECEASED Louis E. HILL (Type or print) DEATH JUNE within 8. DATE OF BIRTH AGE (In years IF UNDER YEAR IF LINDER 24 HRS S SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours DIVORCED WIDOWED FEB. 25.1937 MALE NEGRO 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (Stote or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY 24 MOVING CO. WASHINGTON. D.C. onv U. S the Chief Medical Examiner's pages in any LABOR 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME within pencil MILDRED WILLIAMS LIVINGSTON H. HILL and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) or removal. EDNA F. GRAY 328 - 13TH ST. S.E. WASHINGTON INTERVAL BEDVEENC 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) shauld crematian. Conditions, if ony, which gove rise to immediate couse (a), farwarded to DUE TO This certificate stoting the underlying couse 0 burial, 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO F pe 10 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) designated agent, priar PRIMARY For CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE DE INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) foctory, street, office bldg., etc.). Not While may be retained for your FUNERAL DIRECTOR: Page for your Corneca Kes ot work director. Page 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection 2 and in my opinian Inquiry 1 Hamicide | death resulted fram: Natural couses Accident 4 Suicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** TO DEPUTY 5 may be 10 FUNERAL Health or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** WILLIAM D. BOYD M.D. Address (Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATIDN, 23b. DATE THEREDF 23c. NAME OF CEMETERY DR CREMATDRY 23d. LOCATION (City or Town) (County) BURIAL (Specify) D.C. JUNE 29.1966 LINCOLN CEMETERY WASHINGTON, 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR Ocharles VR A15ME (5) METTHEWS & BARNES 3619 -148T ST. N.W. DATE JUN 6M 1/66 WASHINGTON, D. C.

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MARYLAND STATE DEPARTMENT OF HEALTH

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ERWERT STAM N. D. LEXINGTON FARM, MARYLARD

BUNEAU JUNE 7,1966 ST. JOHNE CUNEFERY FELLYMORE, MARYLAND JUN O 1968 V COLARGE MARYLAND

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, N. MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: a. STATE b. COUNTY St. Mary 's b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Patuxent River d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	(18944 Residence before admission)
a. COUNTY a. STATE b. CDUNTY	AL and give nearest town) 7
Ct	a. IS RESIDENCE DN A FARM?
5. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If nutside corporate limits, write RUR	a. IS RESIDENCE DN A FARM?
Patuxent River 5 mo. Scotland	DN A FARM?
Patuxent River 5 mo Scotland d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) d. STREET ADDRESS	
3. NAME OF First Middla Last (4. DATE Month	Day Year
DECEASED (Typa or print) Robert Andrew Neckel 5. SEX 6. COLOR OR RACE 7. MARRIED 7. NEVER MARRIED 19. AGE (In years IF UND)	29 1966 ER 1 YEAR IF UNDER 24 HRS.
last hirthday) re	s Days Hours Min.
Male Cau WIDOWED 17 Feb 66 yrs. 4 10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired) 10b. KiND OF BUSINESS OR 11. BIRTHPLACE (Stata or foreign country) 12.	CITIZEN OF WHAT
during most of working life, even if retired) St. Mary S. Md.	USA
St. Mary's Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
John Charles Thomas Neckel Judith Ann Knowles Abs. was deceased Eyer In U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service) 5 - 2 - 3 - Neckel Box#11.Scc	otland Md
John C.T. Neckel Box#11, Sco	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND SEATH
Conditions, If any, which \ (b) Interstitial pneumonitis	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO Mesenteric adenitis	
cause (a), stating the undarlying causa last. (c) Mesenteric adenitis	
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at of the part of	YES NO 18.)
20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter natura of injury in Part I or Part II of Itam Left unattended in car. on hot day	
PRIMARY or CONTRIBUTING Left unattended in car. on hot day CAUSE OF DEATH. Left unattended in car. on hot day CAUSE OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, officabldg., etc.) 20f. (City or town) CAUSE OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, officabldg., etc.) 20f. (City or town) CAUSE OF DEATH. 20f. (City or town) CAUSE OF DEATH. 20f. (City or town) CAUSE OF DEATH. 20f. (City or town) 20f. (Sounty) (State)
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21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined manner	
	11
ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED
DEPUTY MEDICAL EXAMINER LA	June 1966
23a. BURIAL CREMATION 23b. DATE THEREOF D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or	
Paransit 1. 7/1/66. DETROIT, MICH.	A
(hun II) Veller	ar's signature Charley Judge
VR AISME (5) JOHN M. WELCH - LEONARDTOWN, MARYLAND DATE JUL 6 1956	marcing Judge

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200	100	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	± ₽0.€	08955 CERTIFICATE OF DEATH 08945
	24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.	PLACE DF DEATH a. COUNTY ST. MARY 6 MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY ST. MARY 6 MARYLAND ST. MARY 6
	rs after by the f Pages 1 urs after	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	in by Pag	5 VEARS Dunas Aldelided Uniony //-/
		RIDGE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) RIDGELL REST HOME ON A FARM? YES \(\sum No \(\sum \)
	cuted within	NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) J. BURGE BRUCE QUADE DEATH JUNE 23. 19 66
	and comple empve_car	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift UNDER 14RR lift UNDER 24HRS last birthday) Months Days Hours Min. WHITE WIDOWED DIVORCED MARCH 18, 1887 79 yrs.
	cate be ex physician a n please re val, and in a	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (Country & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? HURRY, MARYLAND U.S.A.
	icate phys n pl val,	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	certifica Iding ph Then removal	JOHN JOSEPH QUADE MARY WASHINGTON LACEY
	death certifica he attending ph permit. Then tion, or removal	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address YES WW1 MRS LOWIS THOMPSON AVENUE, MARYLAND
	L OR ATTENDING PHYSICIAN: The law requires that the sy be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by tagge 3 should be detached for use as the burial-transit filed with the State Dept. of Health prior to burial, crema	18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) (19. WAS AUTDESY PERFORMED? YES ND [7] 20a. ACCIDENT WAS UNDERLYING DATE OF INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at work factory, street, office bidg., etc.) While Not While at work factory, street, office bidg., etc.) ACTION TO THE TIME TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) (19. WAS AUTDESY PERFORMED? YES ND [7] 20c. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While Not While at work factory, street, office bidg., etc.) ACTION TO THE TIME TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a) (19. WAS AUTDESY PERFORMED? YES ND [7] 20c. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While Not While at work Director Di
	TO HOSPITAL Page 4 may TO FUNERAL D director, page should be file	BURIAL (SPECIFY) BURIAL (SPECIFY) JUNE 25, 1966 SACRED HEART CEMETERY BUSHWOOD, REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS SACRED HEART CEMETERY SACRED HEART CEMETERY 23d. LOCATION (City, town or county) (State) MARYLAND STORY ADDRESS SIGNATURE CONT.
	VR AI5 (4) 20M 1/65	CLARKE MATTINGLEY LEONARDTOWN, MARYLAND DATE JUN 29 1966 ICharles Judge

THE PARTY OF -1 Y . T . T . 784 .78 INCL. INCL. 371m - 37kg TOST OF HORAI MARKY, FORFERING U. . . VEDA, TROJERIAM YEAR Line Louis Charmon Avenue, Narrickie All the second of the second o James I William II Steam COMPLETE PILE , MARYLAND TURING OF THE 21,1000 EVERTURE COURTERLY SUPPOSE, TO WILLIAM W. CLARKE MATTINGLEY LEGMANDTONN, MARYLAND JUN 2 0 1058 2 Thomas Juny

1 V		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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executed within and completely remove carbon in any event, with	3.	NAME OF First Middle Last 4. DATE Month Day Year
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exe n an e rer in au		a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 11 BIRTHPI ACE (County & State or freein country) 12 CITIZEN OF WHAT
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dead ne ad perrition,	-	No 216-03-0087 MILDRED G. SPRINKEL SAME AS # 2 ABOVE
it. The law requires that the death certificate be executed all or attending physician. Fiftcate has been signed by the attending physician and confor use as the burial-transit permit. Then please remove Health prior to burial, cremation, or removal, and in any even		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND QUARTH ONSET AND QUARTH
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equiring peen been to b		gave rise to immediate cause (a), stating the DUE TO
w retend as bas t as t	2	underlying cause last. (c) 2 Cly (Cly
r att	ATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?
A: The sal o life a for a Hea	IFIC.	YES NO 20a. ACCIOENT WAS UNOERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury to Part 11 of Item 18.)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL OIRECTOR: After this certificate has been signed bedirector, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre	CERTIFICATION	20a. ACCIOENT WAS UNOERLYING COURTED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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OR ATTENDING F be retained by t OIRECTOR: After ge 3 should be led with the State	ME	p.m. 19 at work at work
END ainec OR: / ould the		21. I certify that (I) (this hospital) attended the deceased from 1956, to 30 to 1965, that (I) (we) last
ATT ATT rets 3 sh with		saw the deceased alive on, and that death occurred atM, from the causes and on the date stated above.
OR OIR		M.D. ATTENOING MEO. STAFF DIRECTOR PHYS.
RAL RAL r, pe		22c. PHYSICIAN'S 22d. AODRESS
HOSP Be 4 UNE ecto	02:	LEWON B. DEURBE M.D. MECHANICSVILLE, MARYLAND
TO HOSPITAL C Page 4 may I TO FUNERAL O director, pag should be file	23a	BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL (Specify) JUNE 27, 1966 GLEN HAVEN MEMORIAL PARK GLEN BERNIE, MARYLAND
R	24	FUNERAL OIRECTOR AOORESS 1 25a. REC'O BY REGISTRAR'S SIGNATURE
VR AI5 (4) 10	W.	·CLARKE MATTINGLEY LEONARDTOWN, MARYLAND DATE JUN 27 1966 Acharles Judge

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urs	s. Pages hours afte		LEONAR	N (if outside corpora and give nearest tow DTOWN	m)	of EENGHI OF STATE	1.0			LIFORNIA	/	8 - 1	
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		3.	ST.MAR NAME DF	YS HOSPITAL		Middle		Look	I A DATE	Mont	h	YES	Year
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ted	comple ve cark event,	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	1 1	DATE OF BIRTH	9.	AGE (In years			UNDER 24 HRS
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requires that the death certificate be executed within ding nhysician	physician n please r val, and in	10a dur	ng most of work	ION (Give kind of work ing life, even if retire (RETIRED)	done 10b. k	IND OF BUSINESS OR NDUSTRY FARM		11. BIRTHPLACE (C	CAROL		y) 12. CITI COU		WHAT
cate	n pl val,	13.	FATHER'S NAM					14. MOTHER'S MAIL		61121		22	- 1
ertif	2000			M.STRICKLAI					FRANCE	TAYLOR			
th	or lift.	(Ye	s, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16.	SOCIAL SECURITY NO.	17.	NFORMANT		Addre			
dea	the a it per nation,	=	NO	DEATH CEnter only on		14 14 8263 line for (a), (b), and (c).]		MRS.ROSA H.	STRIC	KLAND	SAME A		AL BETWEEN
靠	by ns en			ATH WAS CAUSED BY IMMEDIATE CAUSE				hae.				ONSET	AND DEATH
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		ICAT	Myou	esdial Vich	emia a	ud Coronery	Tec	sufficiency				YES	ERFORMED?
PHYSICIAN:	certificate hed for use t. of Health	CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING DAY NG CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY	OCCUF	RED. (Enter nature o	f injury in P	art I or Part II o	of Item 18.)		
PHYS	this detac	MEDICAL	20c. TIME OF	INJURY Month, Day,			. PLAC	E OF INJURY (Home, fa	arm, 20f.	(City or town)	(Count	y)	(State)
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OR ATTENDING						ed the deceased from	n gZ	death occurred at		June 2			
OR ATT	S showith		22a. SIGNATUI	ceased alive on	mu e	, and	ı ınaı	death occurred atz		on the causes	22b. DAT		
				Robert T.	tue	hs	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.	6/2	24/6	6
HOSPITAL	FUNERAL DIRECTOR: irector, page 3 shoul of filed with th		22c. PHYSICIA NAME (T)	N'S ROBERT 1	MILLORD W	D		22d. ADDRESS	DOWN I	ARYLAND			
HOS	O FUNERAL director, p should be	23a	BURIAL, CREM				ETERY	OR CREMATORY		OCATION (City, t	own or coun	ty)	(State)
2	5 2 2	0	BURIAL CREW REMOVAL (Spe BURIAL	6/25	166,	EBENEZEI			3.30	FREAT MII	LLS, MAR	RYLAI	
	B	2	NERAL DIRE		ch	ADDRESS			C'D BY REG	STRAR 25b. R	EGISTRAR'S	SIGNAT	
	A15 (4) M 4-64	1	JOHN M.W	ELCH - LEON	VARDTOW	N, MARYLAND		DATE	N 26	1966 80	mercy	Ju	7

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral and 2 and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after ST. MARY'S ST. MARY'S MARYLAND MARY! AND by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) r and completely filled in by remove carbon papers. Page name event, within 72 hours hours 2 WEEKS LEGNARDTOWN HOLLYWOOD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ST. MARY & NURSING HOME YES X NO within 3. NAME OF Middle Last 4. DATE Month Dav Year DECEASED OF (Type or print) MARTIN DEATH WIBLE JOHN 19 66 JUNE executed SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months I Davs Hours WIDOWED Ост. 25.1880 DIVORCED MALE WHITE physician a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) certificate be COUNTRY? BLACKSMITH U.S.A. HOLLYWOOD. MARYLAND 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME attending ph remova JOSEPH C. WILLE MARTHA MATHEWS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT the attended to permit. Address 0 death (Yes, no, or unkown) (If yes give war or dates of service) in signed by the att burial-transit permit burial, cremation, c MRS ELLA N. WIBLE HOLLYWOOD. MARYLAND 18. CAUSE OF DEATH [Enter only one cause per line for (4), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which been gave rise to immediate as the l DUE TO cause (a), stating the underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT WAS AUTOPSY ERMINAL DISEASE CONDITION GIVEN IN PART 1(a) r this certificate h detached for use te Dept, of Health r for use Health PERFORMED? NO T YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) After this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) be de State I factory, street, office bldg., etc.) Hour a.m. Not While ATTENDING p.m. at work at work 3 should with the 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. O HOSPITAL TO FUNERAL PHYSICIAN'S ADDRESS director, p should be f 22d. NAME (Type) DAVID MOSSMAN M. MECHANICSVILLE. MARYLAND BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME DF CEMETERY OR CREMATDRY 23d. LDCATION (City, town or county) (State) REMOVAL (Specify) BURIAL JUNE 8.1966 JOHNS HOLLYWOOD. MARYLAND 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND VR A15 (4) 20M 1/65

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